

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152552	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/25/2014
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE HENDRICKS COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1594 E MAIN ST STE A DANVILLE, IN 46122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{V 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit for an ESRD recertification survey conducted on August 4, 5, 6, 7, 8, and 11, 2014.</p> <p>Survey Date: September 25, 2014</p> <p>Facility #: 010185</p> <p>Medicaid Vendor #: 200181260A</p> <p>Surveyor: Bridget Boston, RN, Public Health Nurse Surveyor</p> <p>Through observation of care, review of facility administrative documents, review of clinical record, and interviews, it was determined FMC Hendricks County corrected one condition and nine standard level deficiencies and it was determined they were in compliance with the ESRD Conditions for Coverage at 42 CFR 494.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 2, 2015</p>	{V 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.